

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Seneca Md.</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>18</u>	Age <u>1</u>	Years <u>1</u>	Months <u>3</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>black</u>	Birth-place <u>Seneca Md.</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>W. Brooksmith Sr.</u>	Father's Birthplace <u>Sugarland Md.</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>Sugarland Md.</u>					
Name of person giving information <u>Physician ✓</u>	How related to deceased <u>—</u>					
CAUSES OF DEATH						
Primary <u>Pulmonary tuberculosis</u>				How long <u>6 mos.</u>		
Immediate <u>Asthma</u>				How long <u>—</u>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			<u>U D House MD</u>		
	Address			<u>Dunsonville Md.</u>		
Accident or Suicide?						

Name
in
Full

CERTIFICATE OF DEATH

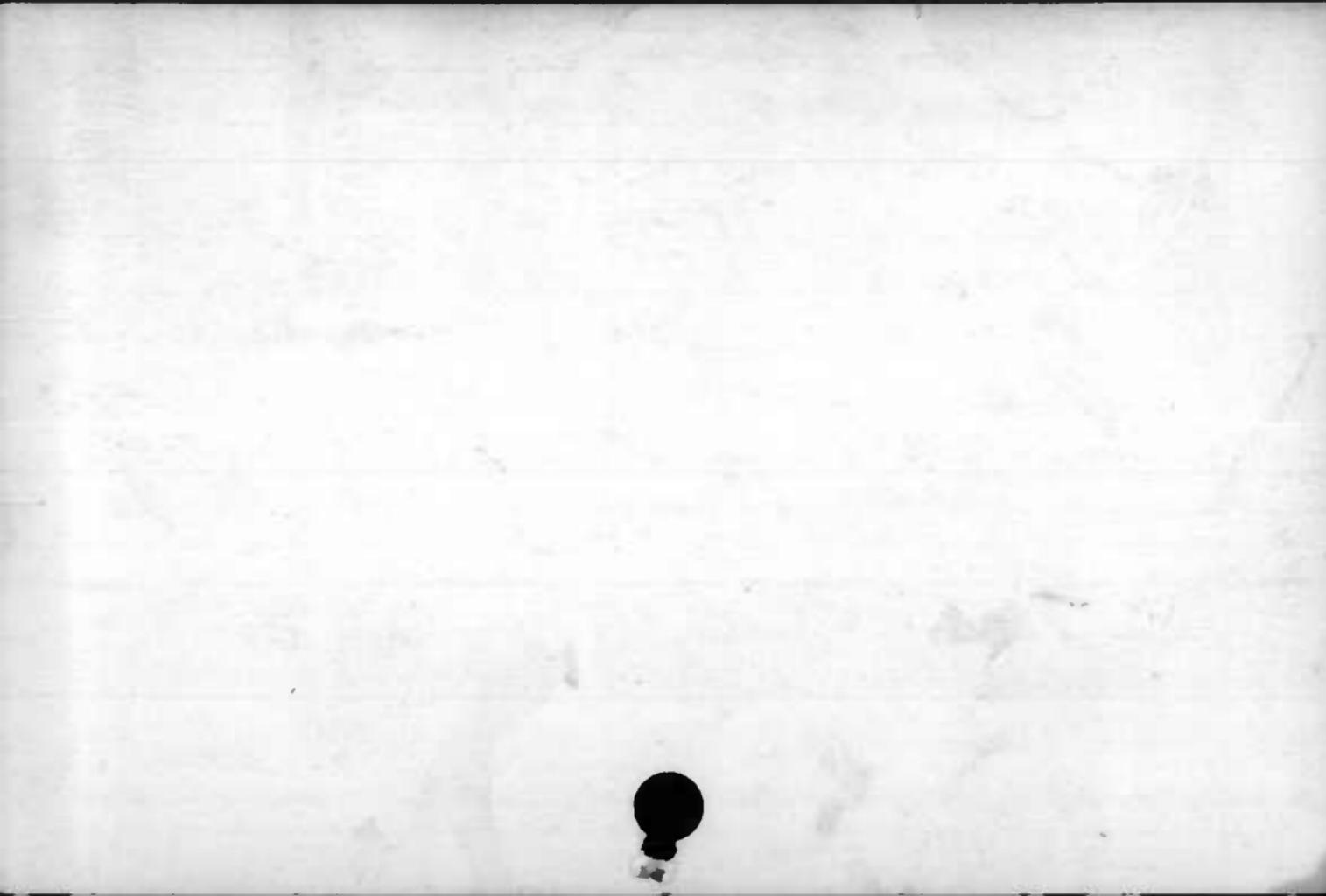
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	
Date of death	1905	Month	Day	Years
Sex	Male	Color or Race	Age 27	
Occupation	Laborer		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Dame	
Father's Name	John Brown		Father's Birthplace	Md
Mother's Maiden Name	Cyrilie Wood		Mother's Birthplace	Md
Name of person giving information	Cassie Brown		How related to deceased	wife

CAUSES OF DEATH

Primary	Fracture skull by forceps		How long
Immediate	Fracture skull and hemiplegia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
Address	Eugene		Address
Accident or Suicide?	Accident		Washington



Emma. S. Brandmarr

Died at <u>Silva Springs</u>		Town	County <u>Montgomery</u>			State <u>MARYLAND</u>	
Date <u>1905</u>	Month <u>7</u>	Day <u>11</u>	Y. <u>36</u>	M. <u>-</u>	D. <u>-</u>	Native of <u>Pa.</u>	
Male	White	Married	Widow	Divorced		Occupation	
Female	Colored	Single	Widower	Number of children living			

Husband of

www

Father's

Name _____

Mother's

Name _____

Cause of

Primary

Dear

Immediate

How long sick

Reported by

Copyied

G. R. Lee

Washington

Address

ess *John Lincoln*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Lila Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month 7	Day 28 th	Age 23	Years	Months —
Sex	Female	Color or Race	Negro		Birth-place	Boggsland
Occupation	Domestic		While Residing if not at place of death		Washington D.C.	
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	Baltimore
Father's Name	Helen Carroll				Mother's Birthplace	Montgomery Co.
Mother's Maiden Name	Martha		✓ 93		How related to deceased	Montgomery Co.
Name of person giving information	Physician					
CAUSES OF DEATH						
Primary	Pneumonia (lobar)			How long 3 wks.		
Immediate	Asthennia			How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

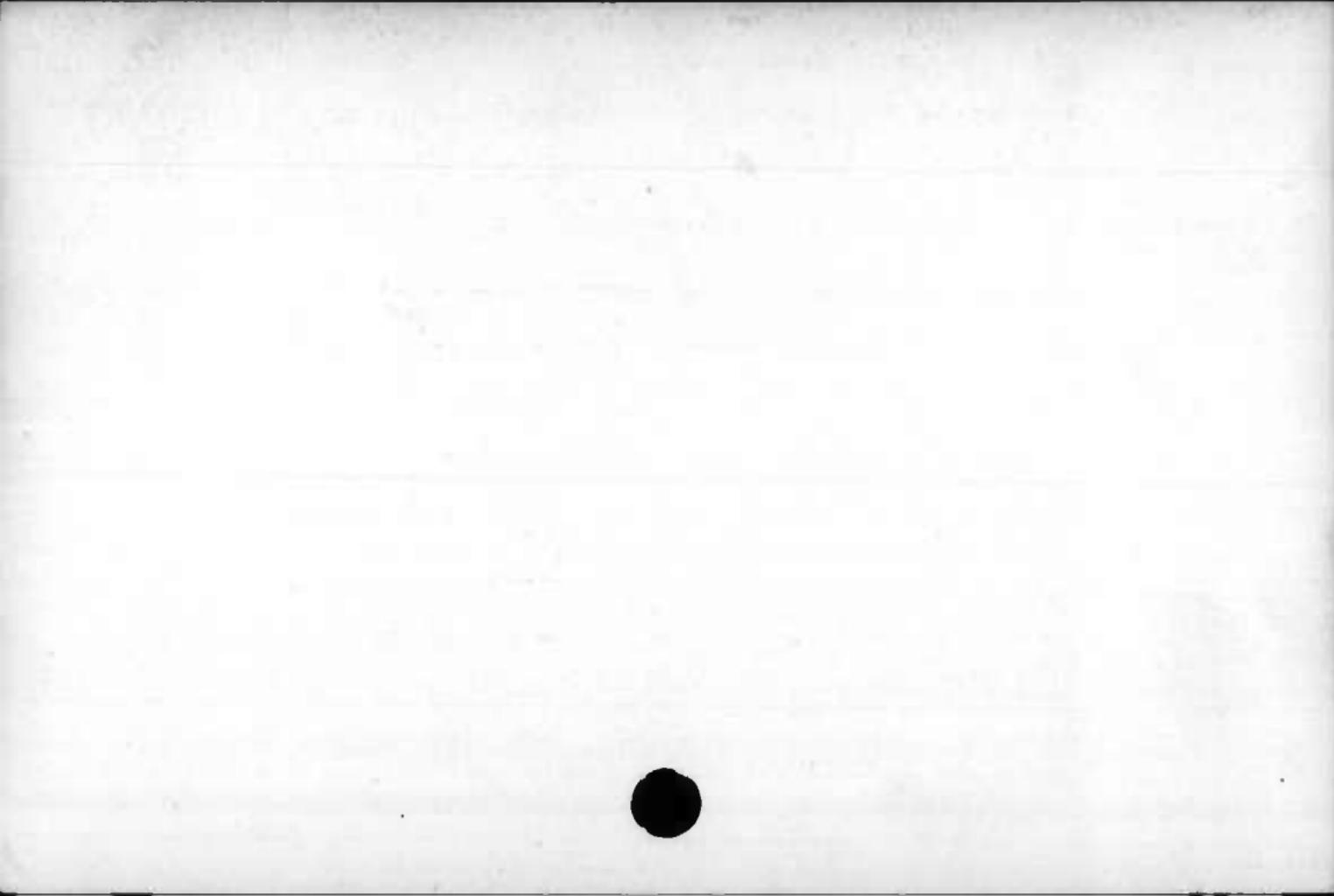
yes

Signature of
Physician

Address

U-D. Howard M.D.
Dawsonville
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Margaret

Credie

Town

County

MARYLAND

Died at

1907

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

State

7

11

Age

0

9

0

DC

Married

Widow

Divorced

Female

Colored

Single

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Whooping Cough

How long sick

3 or 4 weeks

Death

Immediate

Exsanguination

Accident, Suicide, Homicide

Reported by

Address

John L. Lewis, M.D.
Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank Disney

CERTIFICATE OF DEATH

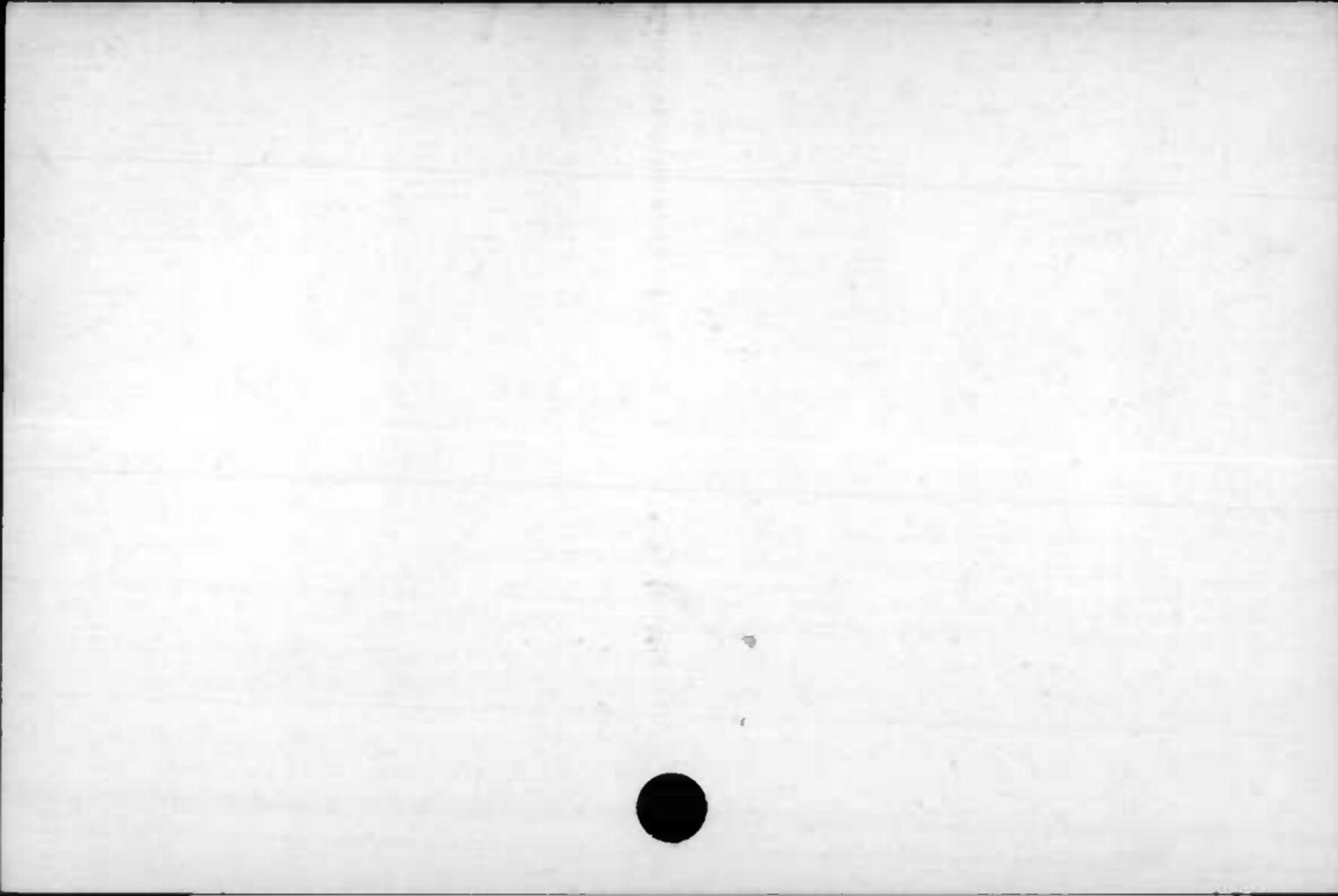
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	MD
Occupation	X	Where Residing if not at place of death	X		
Married, Single or Widowed	X	Name of Wife or Husband	X		
Father's Name	Frank F. Disney	Father's Birthplace	MD		
Mother's Maiden Name	Mora -	Mother's Birthplace	MD		
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chorea Infantum	How long	8 hours
Immediate	Ex haemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	O Melinchicu
		Address	Rockville
Accident or Suicide?	20		MD



Archie Elliott

Died at	Town	County
1905	Month	Day
Male	Age	M.
Female	Married	D.
	Single	Native of
		Occupation

Date	July	5	1	421	DC
Male	White		Widow	Divorced	
Female	Colored		Widower	Number of children living	

Husband of

Wife

Father's Name

Cause of Death

Primary

Mother's Maiden Name

Unknown

How long sick
36 hours.

Immediate

Thermic fever

Accident, Suicide, Homicide

Reported by

Unknown

Address

Foundlings Hosp. Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Lewis.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Earle S. Hamilton

CERTIFICATE OF DEATH

Town Died at Dannoville County Mary
Month 7 Day 12 Years 1 Months 1 Days 20
Date of death 1903

Sex Male

Color or
Race

Negro

Birth-
place

Dannoville Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Robert Hamilton

Father's
Birthplace

Bolesville

Mother's
Maiden Name

Bolesville

Name of person giving
Information

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

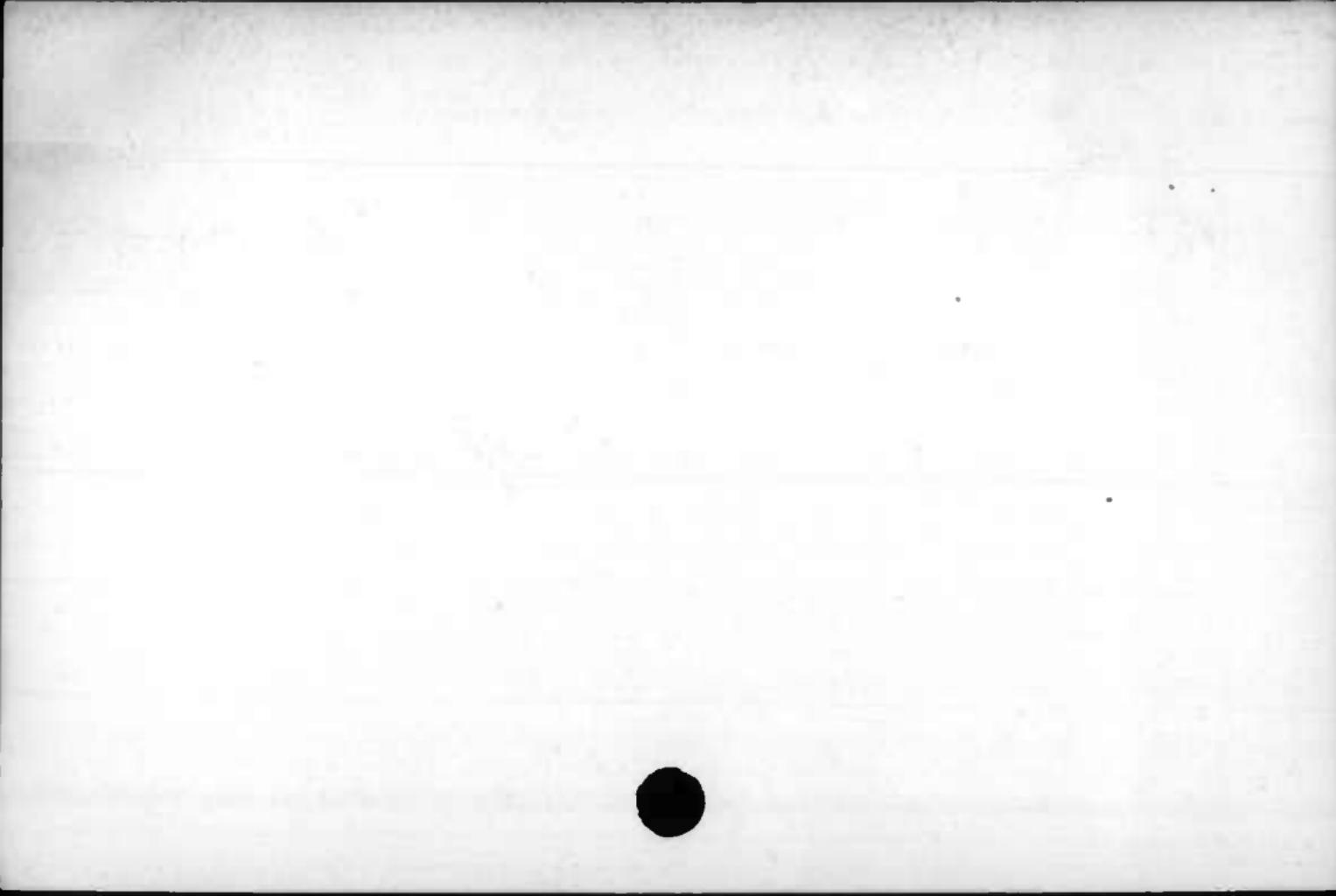
yes

Signature of
Physician

Address

U. D. Barnes M.D.
Dannoville Md.

Accident or Suicide?



Name
in
Full

Margaret Hardy

CERTIFICATE OF DEATH

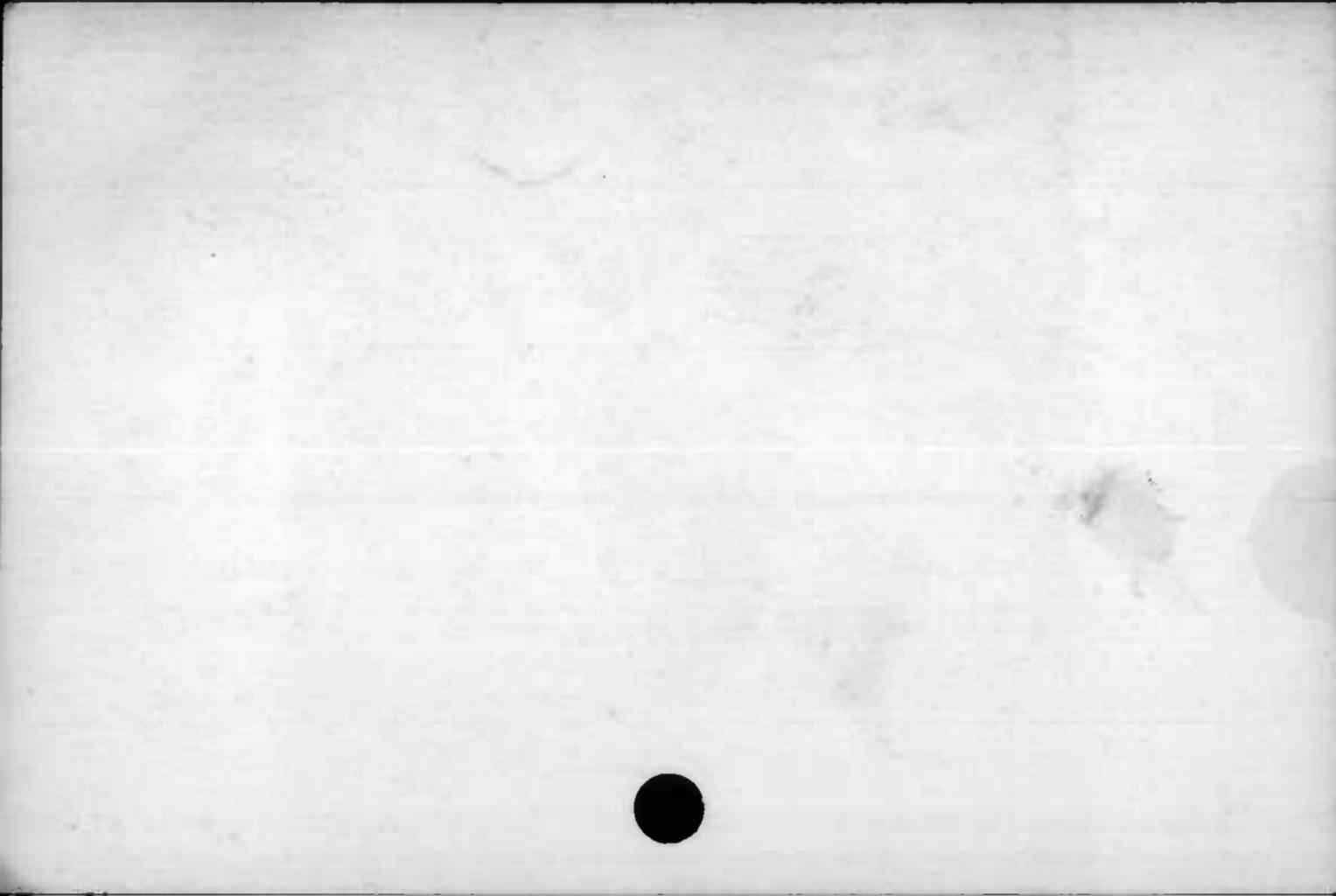
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Scotland</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>4th</u>	Age <u>84</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>MD</u>		
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>X</u>					
Father's Name <u>X</u>			Father's Birthplace <u>X</u>			
Mother's Maiden Name <u>X</u>			Mother's Birthplace <u>X</u>			
Name of person giving information <u>Nancy. Doug</u>						How related to deceased <u>X</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>2 day</u>
Immediate <u>4 Lassitude</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide? <u>No</u>	<u>Dr. M. L. Thompson</u> <u>Rockville</u> <u>MD</u>



Name
in
Full

John Heffner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	16	2	2	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mother Trundler				
Father's Name	Jacob Heffner					Father's Birthplace
Mother's Maiden Name	Miss Reynoldsburg					Mother's Birthplace
Name of person giving information	Mrs Heffner					How related to deceased

CAUSES OF DEATH

Primary

Acute softening of Brain

How long

Fifteen years

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Street
Barnesville
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

2-5"

Name
in
Full

Abraham Hermann

CERTIFICATE OF DEATH

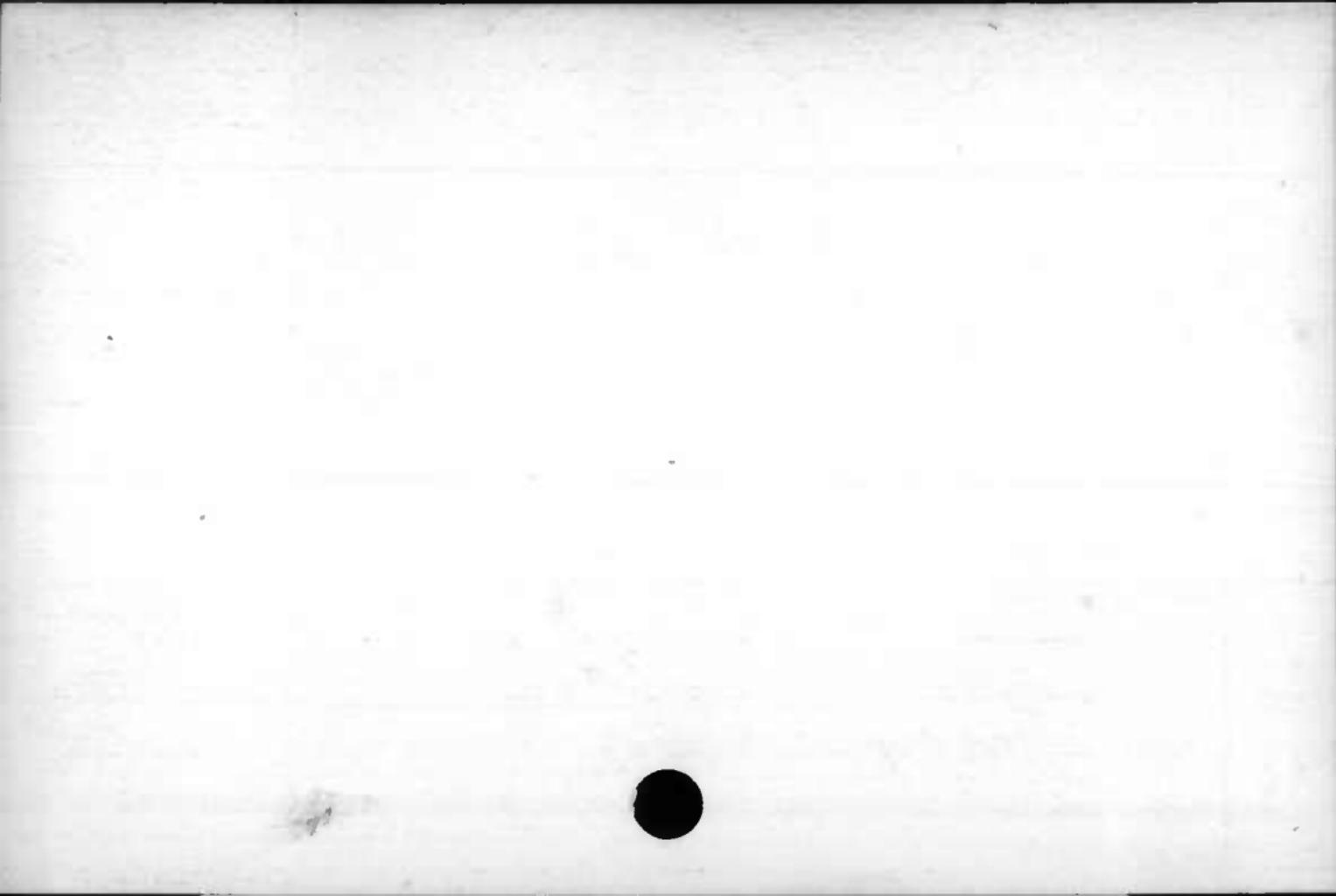
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	male	Color or Race	white	Birth-place	Germany		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Never	Name of Wife or Husband	Mony Herman				
Father's Name	Herman					Father's Birthplace	Germany
Mother's Maiden Name	Don't know					Mother's Birthplace	Germany
Name of person giving Information	Dr. A. B. Shand					How related to deceased	Physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cystic humor of kidney	15	How long	2 years
Immediate	Hemorrhage	7 Bowels & Colaps	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Abraham Shand M.D.
			Address	103 Broad St.
Accident or Suicide?				



Name
in
Full

Elysbuck Gredson

CERTIFICATE OF DEATH

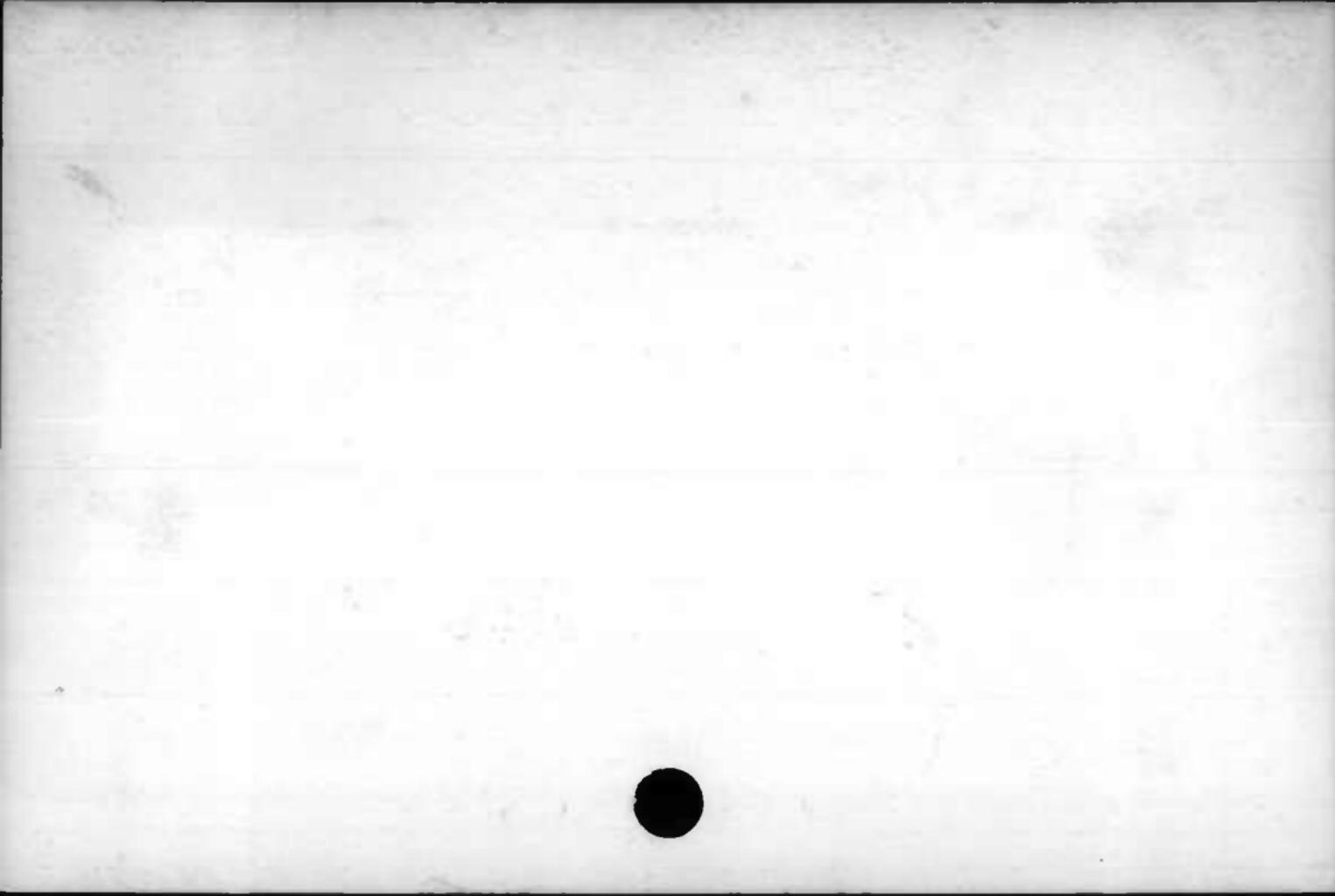
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		✓			
Father's Name	✓					
Mother's Maiden Name	✓					
Name of person giving Information	Elijah Woods					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility		How long
Immediate	Paralysis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.L. Lewis MD
		Address	Kensington
Accident or Suicide?		Ny	



Name in Full

Certificate of Death

Died at

1905

Town

Gwynn

County

Baltimore MARYLAND

Date of

Month

July 19

Day

Y.

M.

D.

Native of

Male

Female

Age

17

Married

Widow

Divorced

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Pulmonary Disease three months

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary M Johnson

Town

County

Died at

Garwood

Montgomery

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age
Married

32 Md

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Samuel W. Johnson

Mother's
Name

Mary L. Johnson

Cause of

Primary

Diseases

How long sick

4 weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

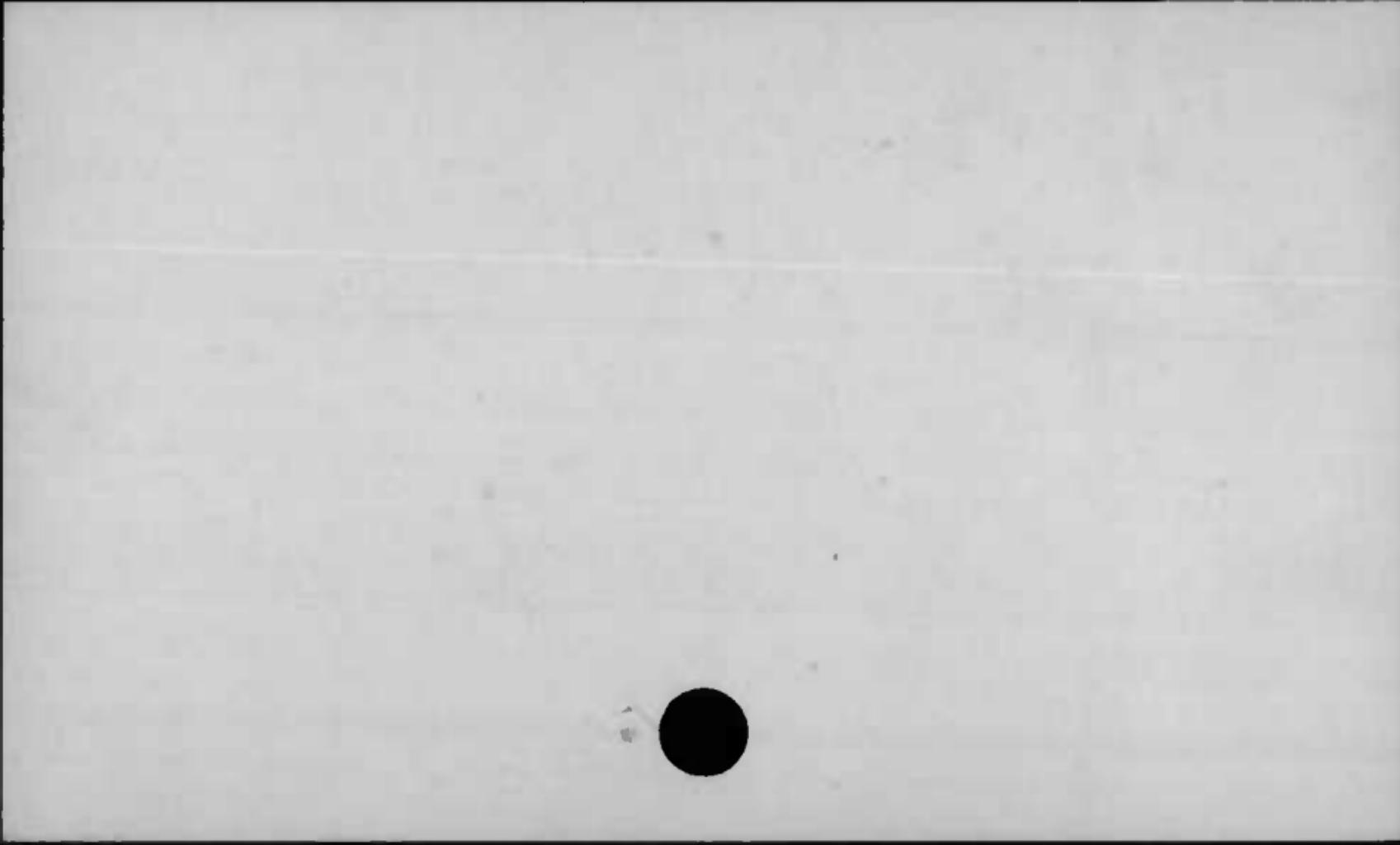
Reported by

Roger Brinker

Address

Sandy Spring ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 190	Month	Day	Age $\frac{4}{3}$ Years	Months	Days
Sex	Color or Race	Birth-place			
Married, Single or Widowed	Occupation	Montgomery Co			
Name of Wife or Husband	Wilson L King				
Father's Name	George Howard				
Mother's Maiden Name	Harriet Howard				
Name of person giving information	John F Hall				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66 ✓

How long seven years
4 three months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

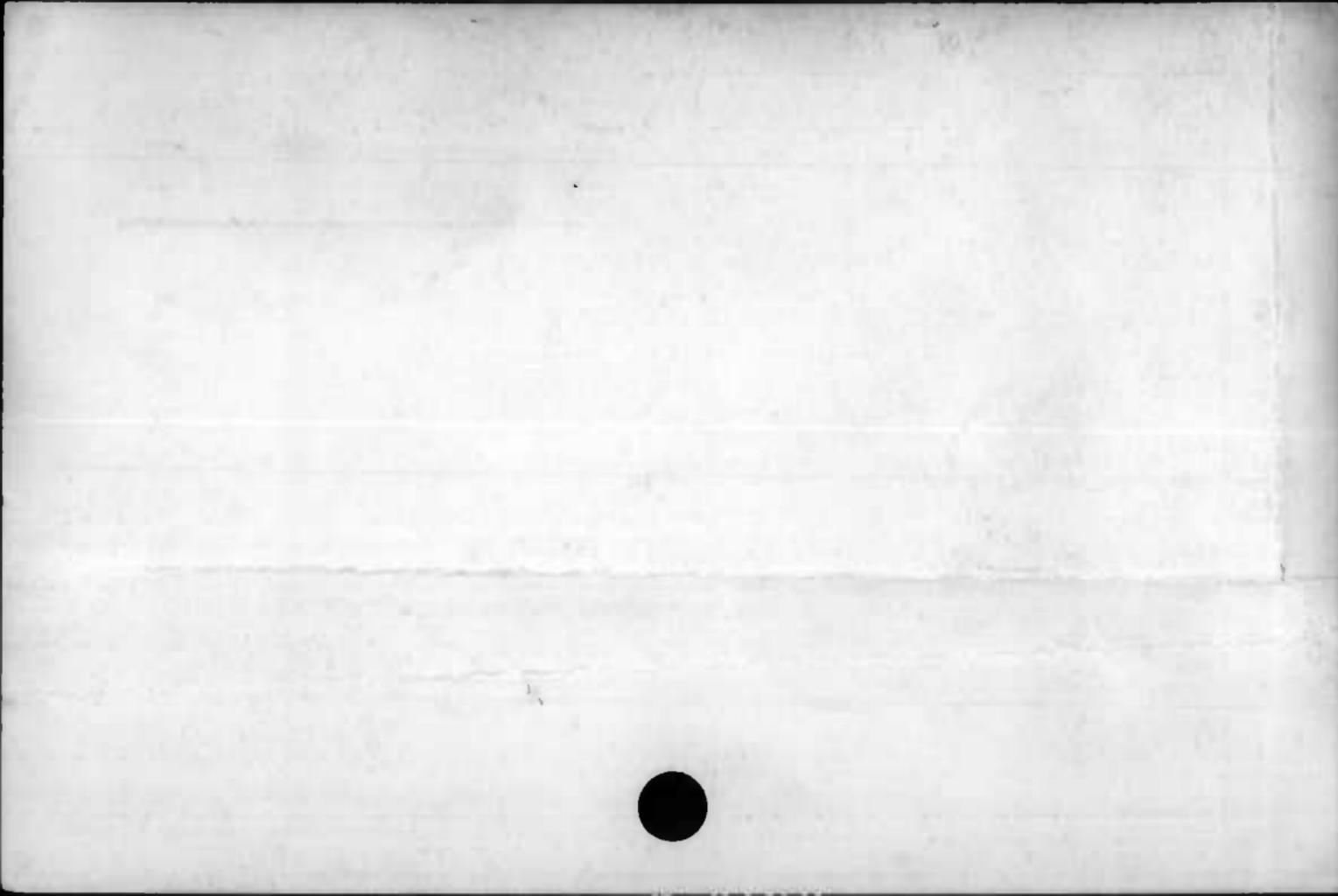
Signature of
Physician

Address

Basil B Crawford

Laytonsville Maryland

Accident or Suicide?



Louisa ^{Town} ~~10th~~

County

Died at

Station

MARYLAND

Date 19

Month Day

M. D.

Native of

Occupation

02 Aug 25

Age

Married

Widow

Divorced

Female

Colored

Single

Number of children living

Husband of

William King

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Paralysis

1st year

Death

Immediate

Accident, Suicide, Homicide

Reported by

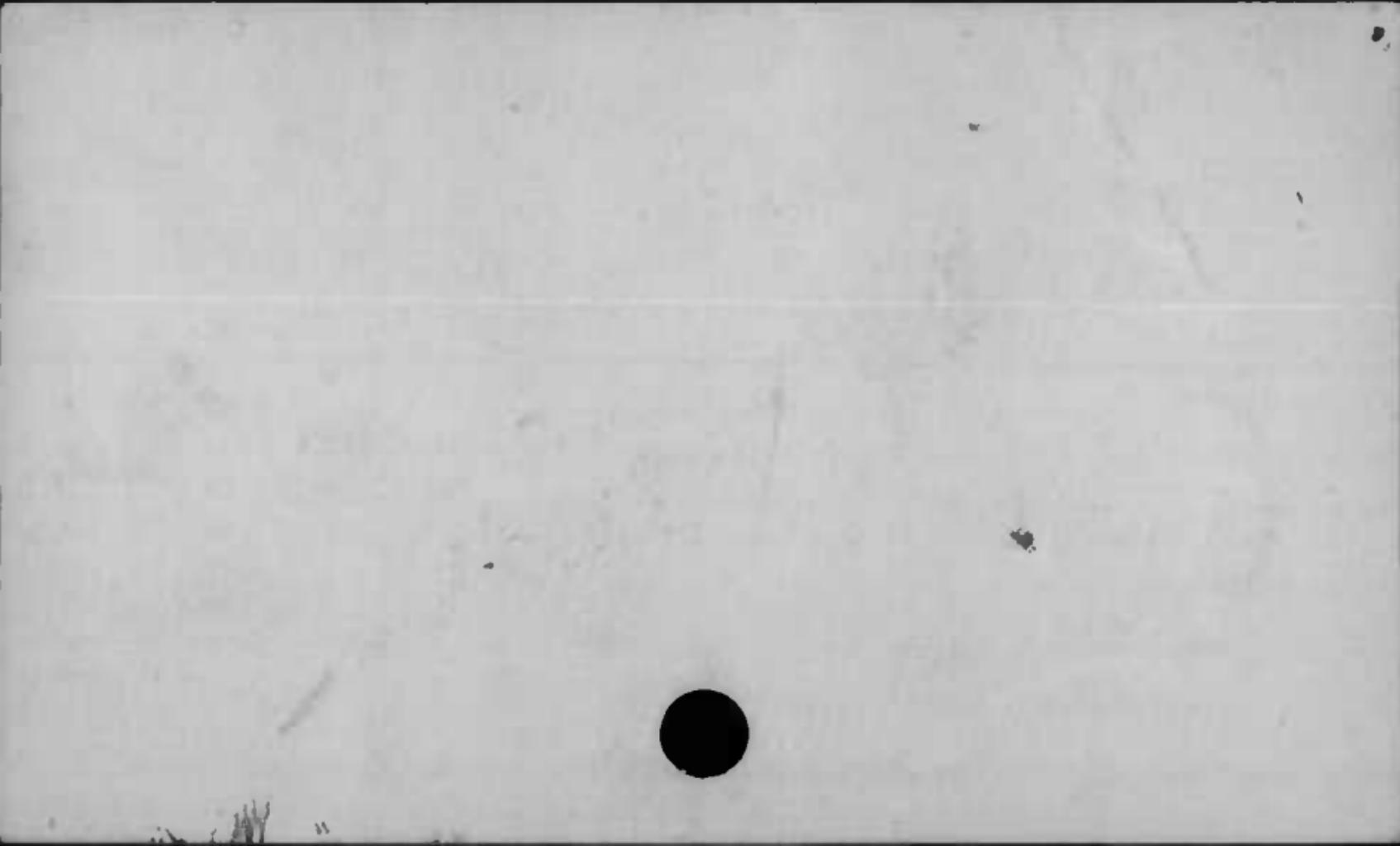
Tom Nettles

Address

Chairman of Lodge

Who takes charge of Burial

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Case Evelyn Lee.

Died at Town County Friadlins Hsp. Bethesda Mary Co MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
<u>1905</u>	<u>July</u>	<u>19</u>	<u>0</u>	<u>1</u>	<u>24</u>	<u>DC</u>	
Date	Age						
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Malaria

How long sick

whole life

Death

Immediate

& Houston

Accident, Suicide, Homicide

Reported by

Dr. Walline

Address

Friadlins Hsp.  Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lawrence Wallace Luckett

CERTIFICATE OF DEATH

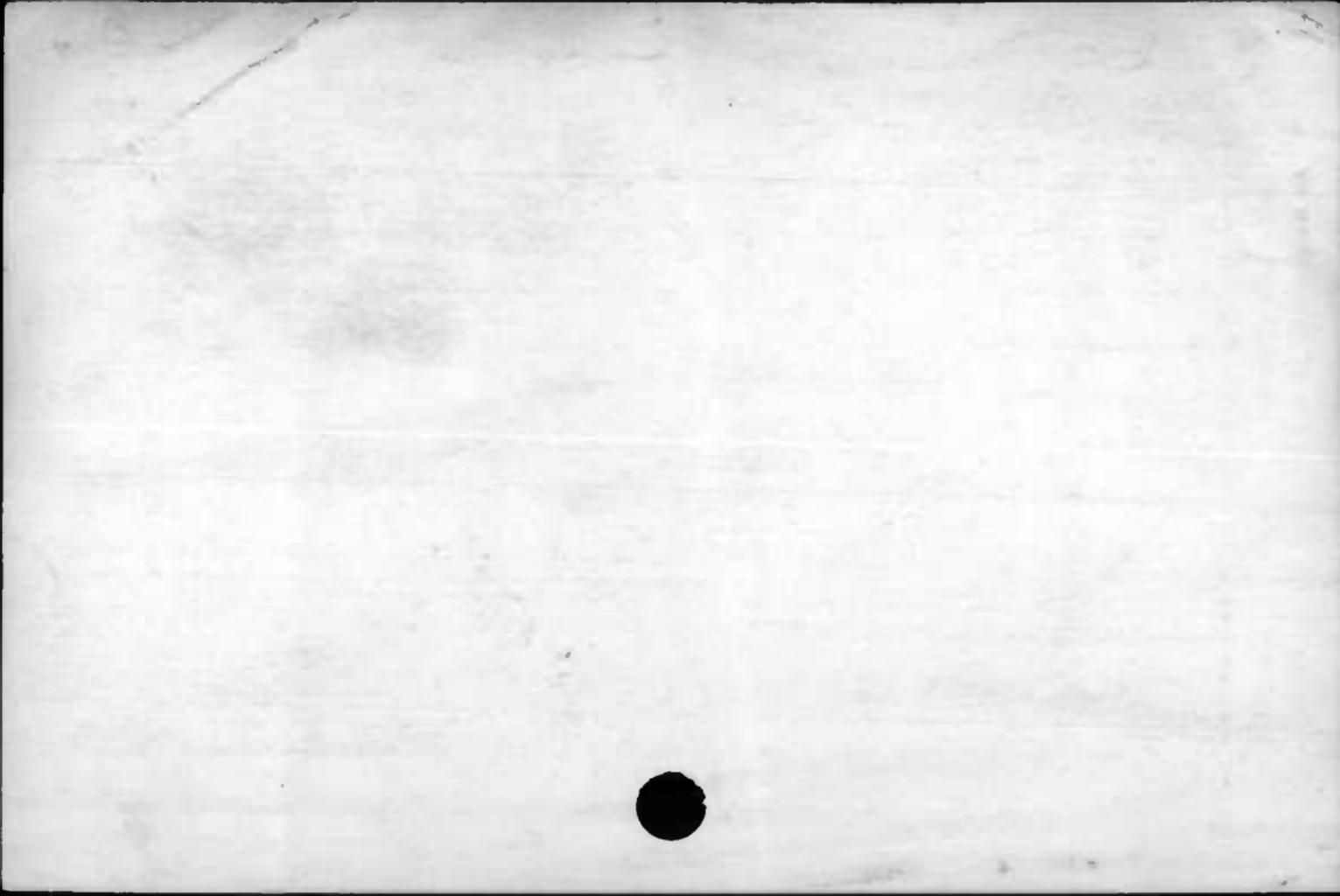
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	1905	Month	July	Day	21	Years
Age	0	Months	5	Days	15	
Sex	Male	Color or Race	White	Birth-place	Illino	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Singler	Name of Wife or Husband		Father's Birthplace	Illino	
Father's Name	Wallace Luckett			Mother's Birthplace	Md.	
Mother's Maiden Name	Mary Mulligan			How related to deceased	Father	
Name of person giving information	Lawrence H Luckett					

CAUSES OF DEATH

Primary	Enter Colitis		How long	About
Immediate	Syncope		How long	one week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Brown	
Yes		Address	Silver Spring	
Accident or Suicide?				



Name
in
Full

Arthur Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month July	Day 23	Age 12	Years 0	Months 0 Days 0
Sex Male	Color or Race Colored	Birth-place Md.			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Olegas Mathews			Father's Birthplace Md.		
Mother's Maiden Name Lucinda Stuark			Mother's Birthplace Md.		
Name of person giving information "	"	"	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

2 weeks

Immediate

Collapse

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

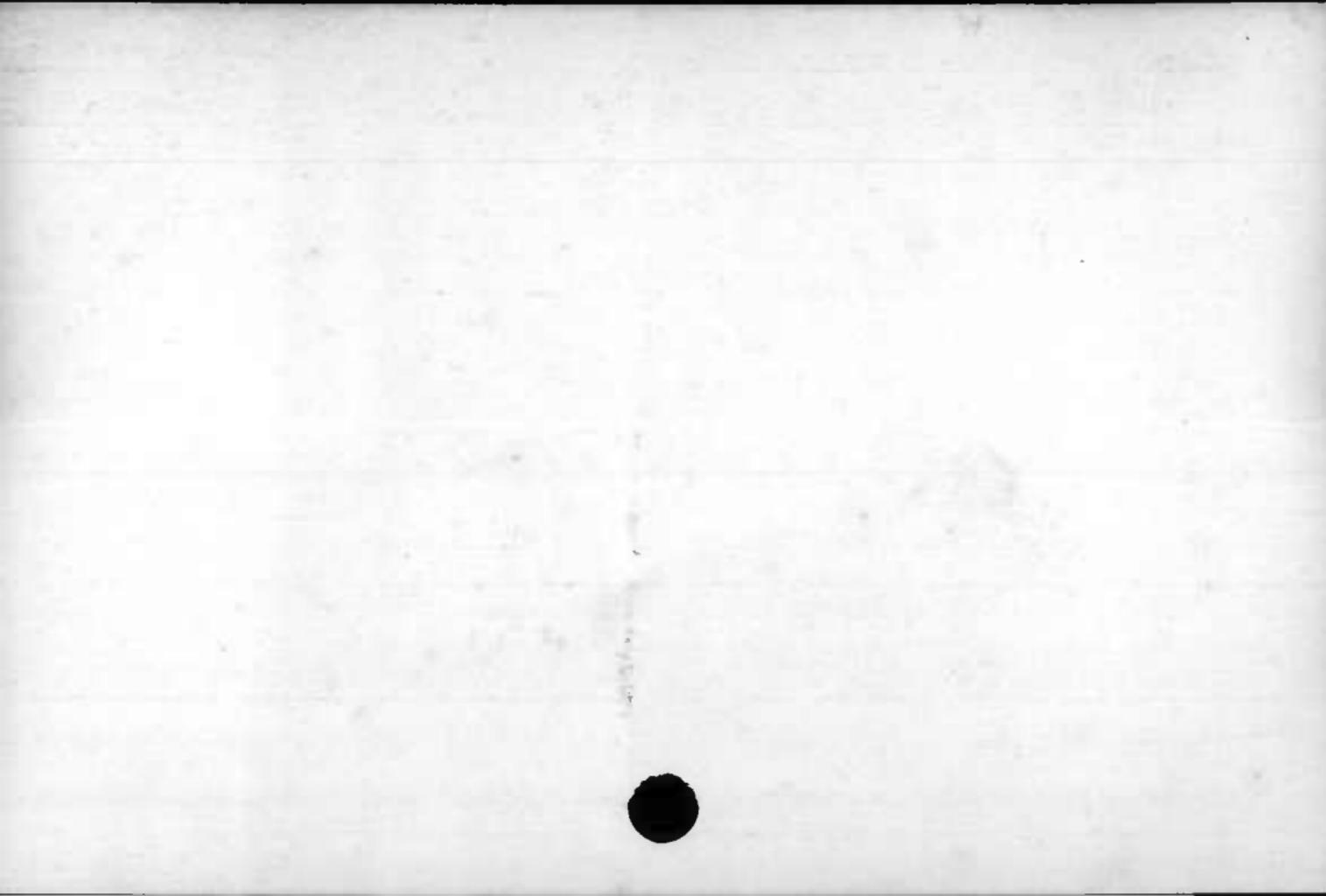
H. J. Brown

Address

Silver Spring

Yes.

Accident or Suicide?



Kathleen O'Brien

Died at		Town	County	Native of			Occupation
		Towadlujs Hosp.	Montgomery	D.C.			MARYLAND
Date	19	Month	Day	Y	M.	D.	
1905	July	2		0	4	5	
Male		White	Age		Widow		Divorced
Female		Colored	Married		Widower		Number of children living
Husband of							
Wife							

Father's Name Unknown

Mother's Maiden Name Unknown

Cause of Death Pneumonia

How long sick

all life

Death Immediate

Congenital Syphilis

Accident, Suicide, Homicide

Reported by J. Wallace M.D.

Address Towadlujs Hosp.

Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Lewis,
Kensington
Montgomery, Md.

Name
in
Full

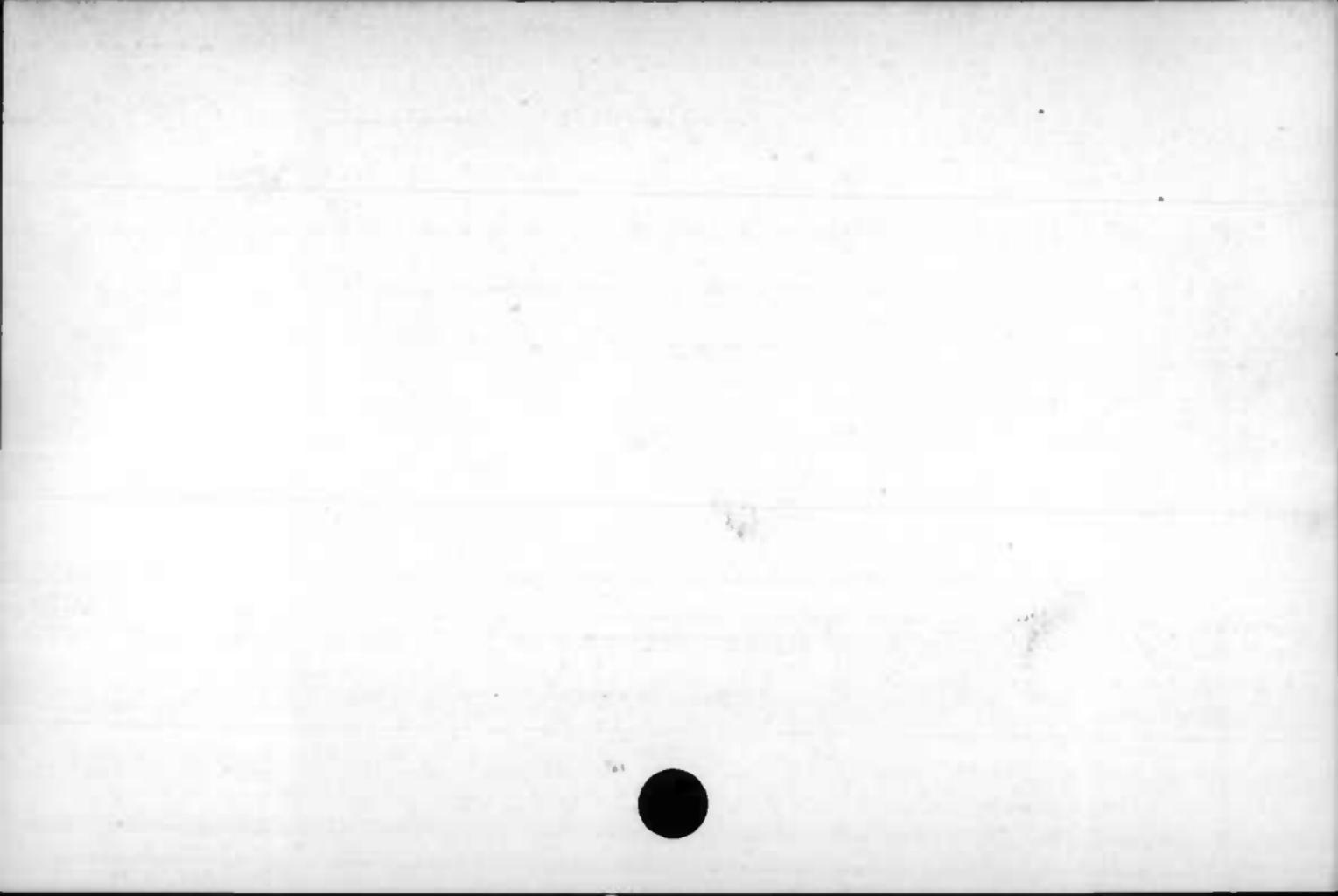
TO BE ANSWERED BY
NEAREST FRIEND

<i>Mary G. Offutt</i>				CERTIFICATE OF DEATH			
Died at <i>near Rockville</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>26</i>	Age <i>2</i>	Years <i>2</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Nigro</i>	Birth-place <i>Maryland</i>					
Occupation <i>Nurse</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Steven E. Offutt</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Clara Duffin</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Clara Offutt</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Suffocation</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>Edward Anderson M.D.</i>
	Address <i>Rockville M.D.</i>
Accident or Suicide?	



James agden

Died at Town County Co.
Foundlings Hosp. Bethesda, Mont MARYLANDDied at 1905 Month Day Y. M. D. Native of Occupation
Date 189 Month Day Y. M. D. Native of OccupationMale White Age Married Widow Divorced
Female Colored Single Widower Number of children livingHusband of
Wife

Father's

Name

Mother's

Name

Cause of
Primary

Marasmus

How long sick

Death Immediate

Exhaustion

cold ty

Accident, Suicide, Homicide

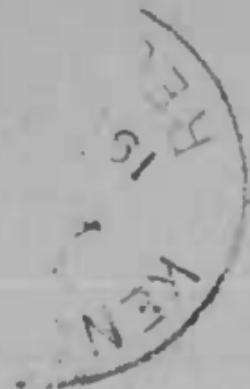
Reported by

Address

J.W.W. M.D.

Foundlings Hosp. Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dr. W. L. Lewis,
Kensington,
Baltimore,
Md.

Name
in
Full

Martia Pumphrey

CERTIFICATE OF DEATH

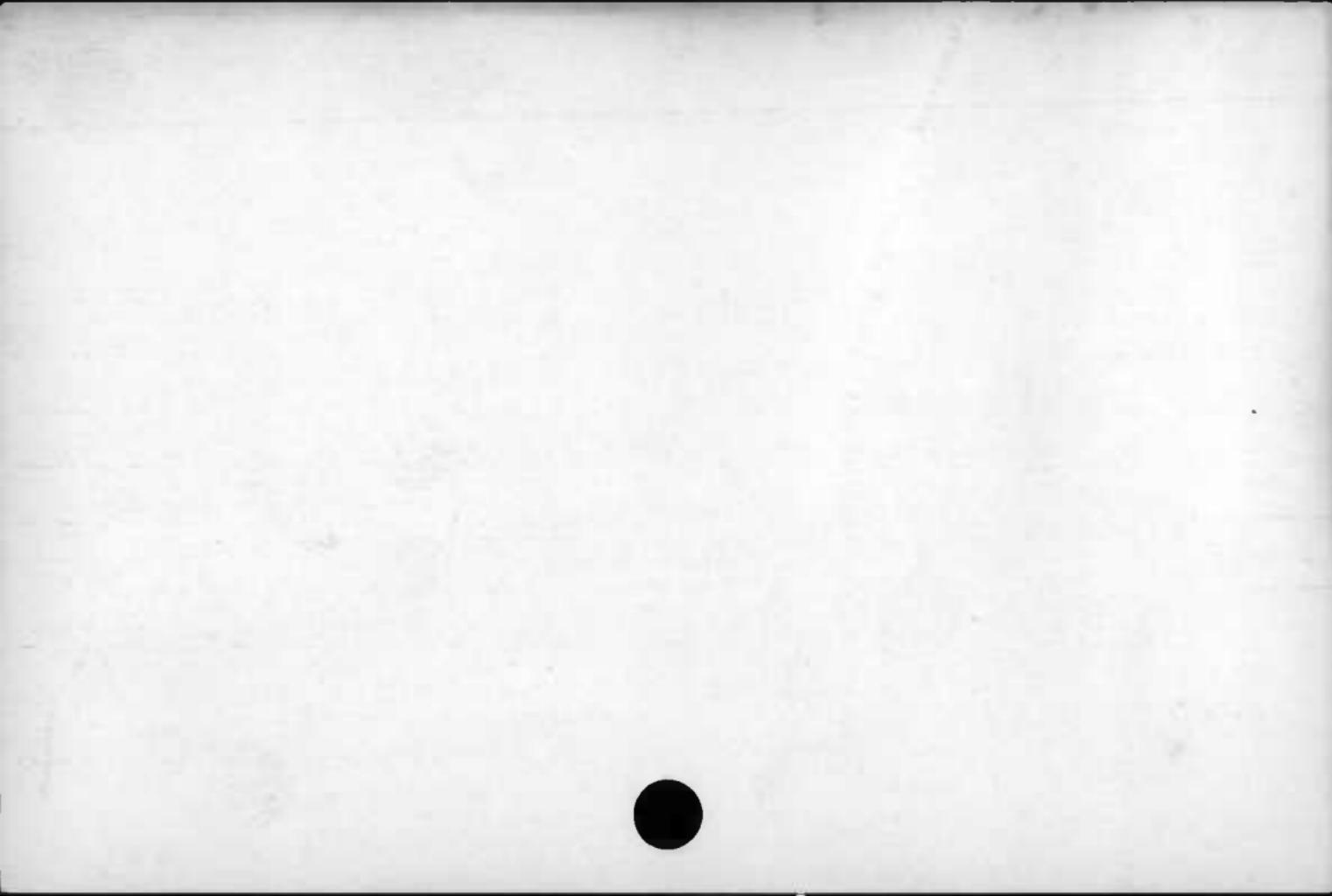
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1905	Month	Day	Years	Age	Months	Days
Sex Female	Color or Race		Occupation		Birth-place	
Married, Single or Widowed	Married		Housewife		Montgomery Co. Md.	
Name of Wife or Husband	Jillman Pumphrey.		Jeremiah Bacon.		Montgomery Co. Md.	
Father's Name	Easter Webster.		Elizabeth Stabler.		Montgomery Co. Md.	
Mother's Maiden Name	Easter Webster.		Elizabeth Stabler.		Montgomery Co. Md.	
Name of person giving Information	Elizabeth Stabler.		✓		How related to deceased No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of the Heart.		How long	Not known
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Chas. Farquhar.
			Address	Olney. Md.
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Christian B. Hodges
Town
Rockville

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Montgomery

Date
of death

Month

Day

Years

Months

Days

1905 July 29

Age

63

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Katherine Bussard

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Katherine B. Hodges

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

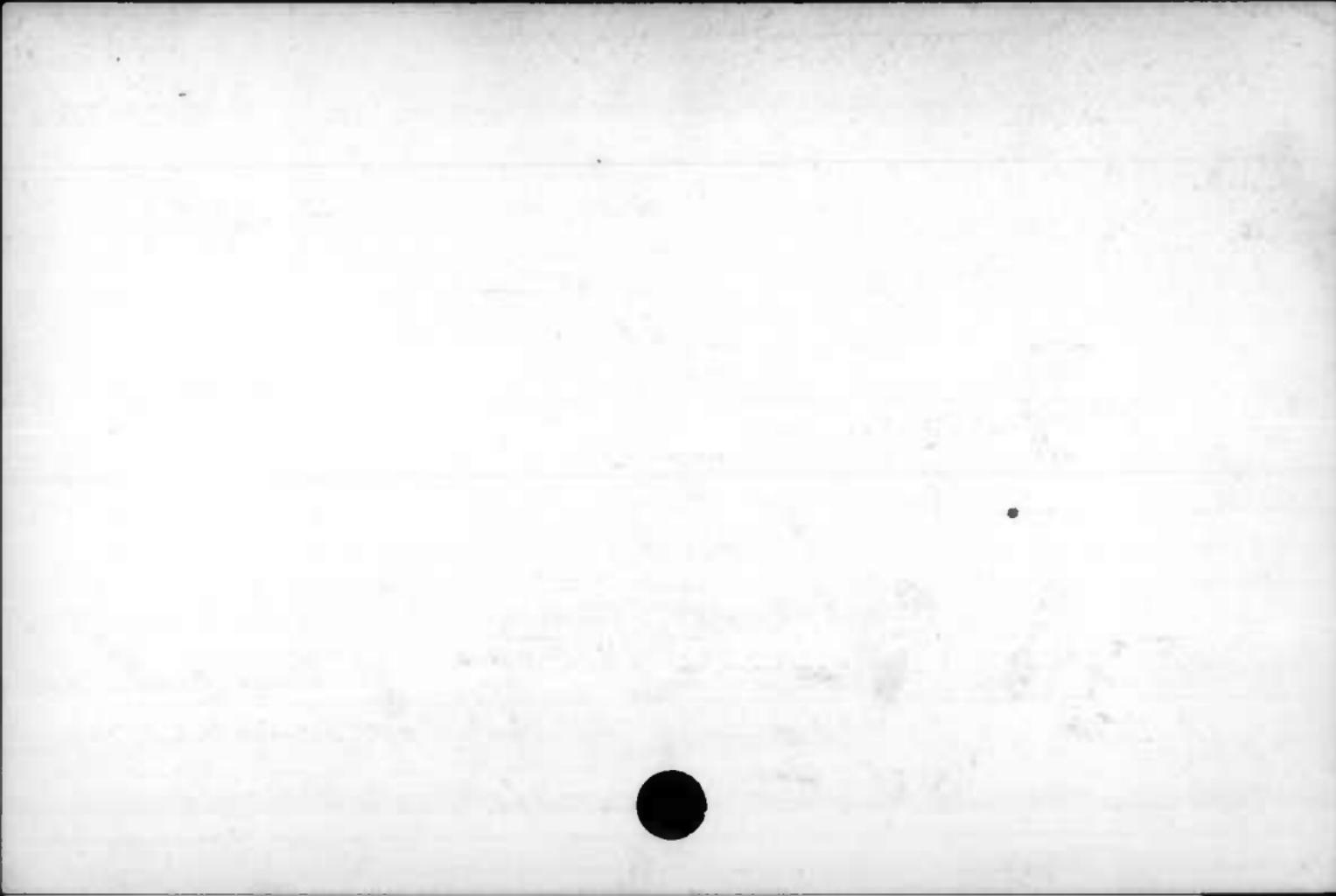
Yes

Signature of
Physician

Address

Stonewall
Barnesville
Maryland

Accident or Suicide?



Name
in
Full

Mary Ann Shaw

CERTIFICATE OF DEATH

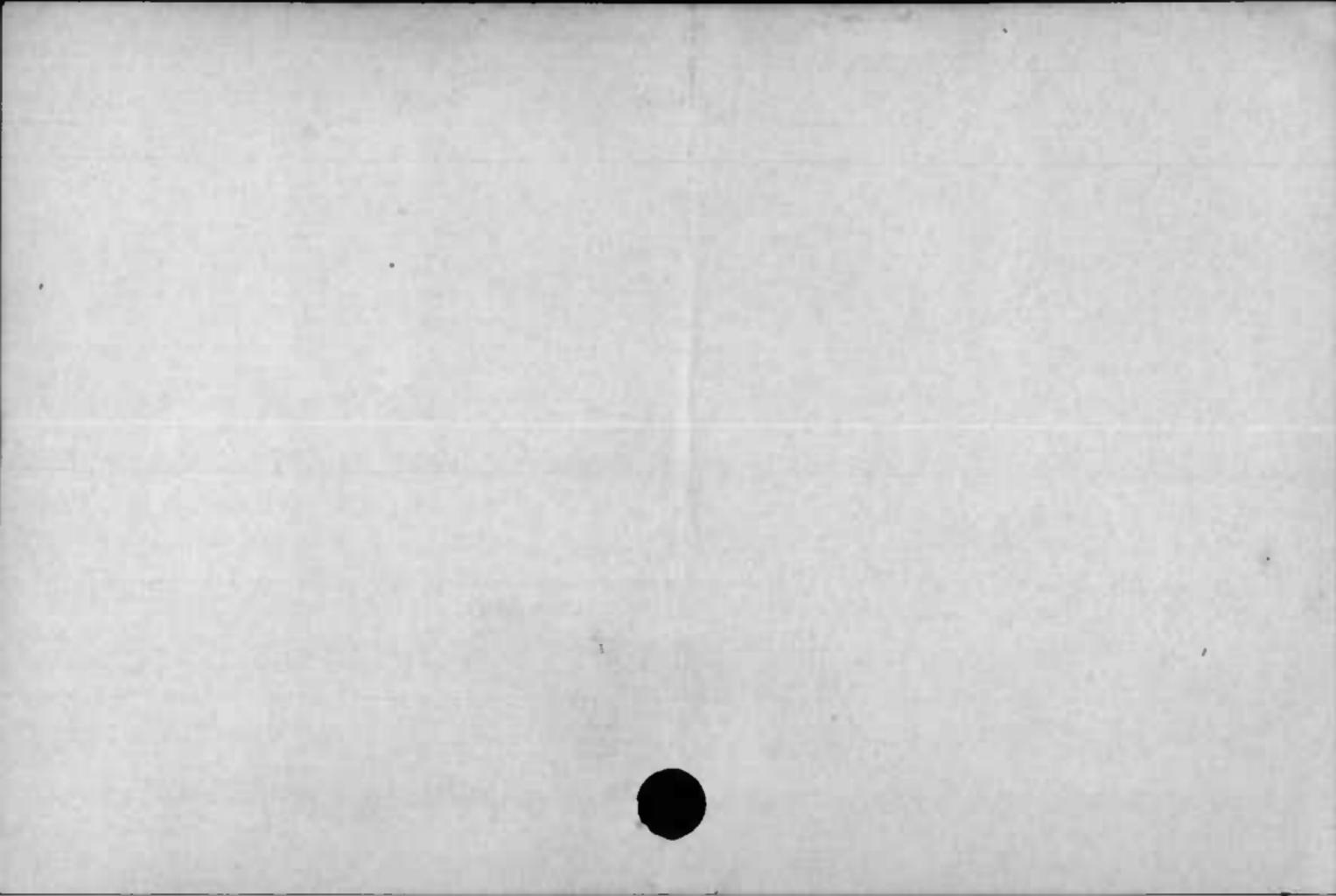
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Montgomery	County	MARYLAND	
Date of death	Month	29	Years	Months	Days
1905	July		Age 74		
Sex	Female	Color or Race	White	Birth-place	Ireland
Occupation	no occupation		Where Residing if not at place of death		
Married, Single or Widowed	Name of Husband	Wm. Shaw			
Father's Name	George Alcorn		Father's Birthplace	Ireland	
Mother's Maiden Name	Lydia Tugley		Mother's Birthplace	Ireland	
Name of person giving Information	Mrs. E. E. Ely		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus		How long	about one year
Immediate	Gangrene		How long	Two mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Green,	
		Address	Brookville, Maryland	
Accident or Suicide?				



Name
in
Full

Sinclair

CERTIFICATE OF DEATH

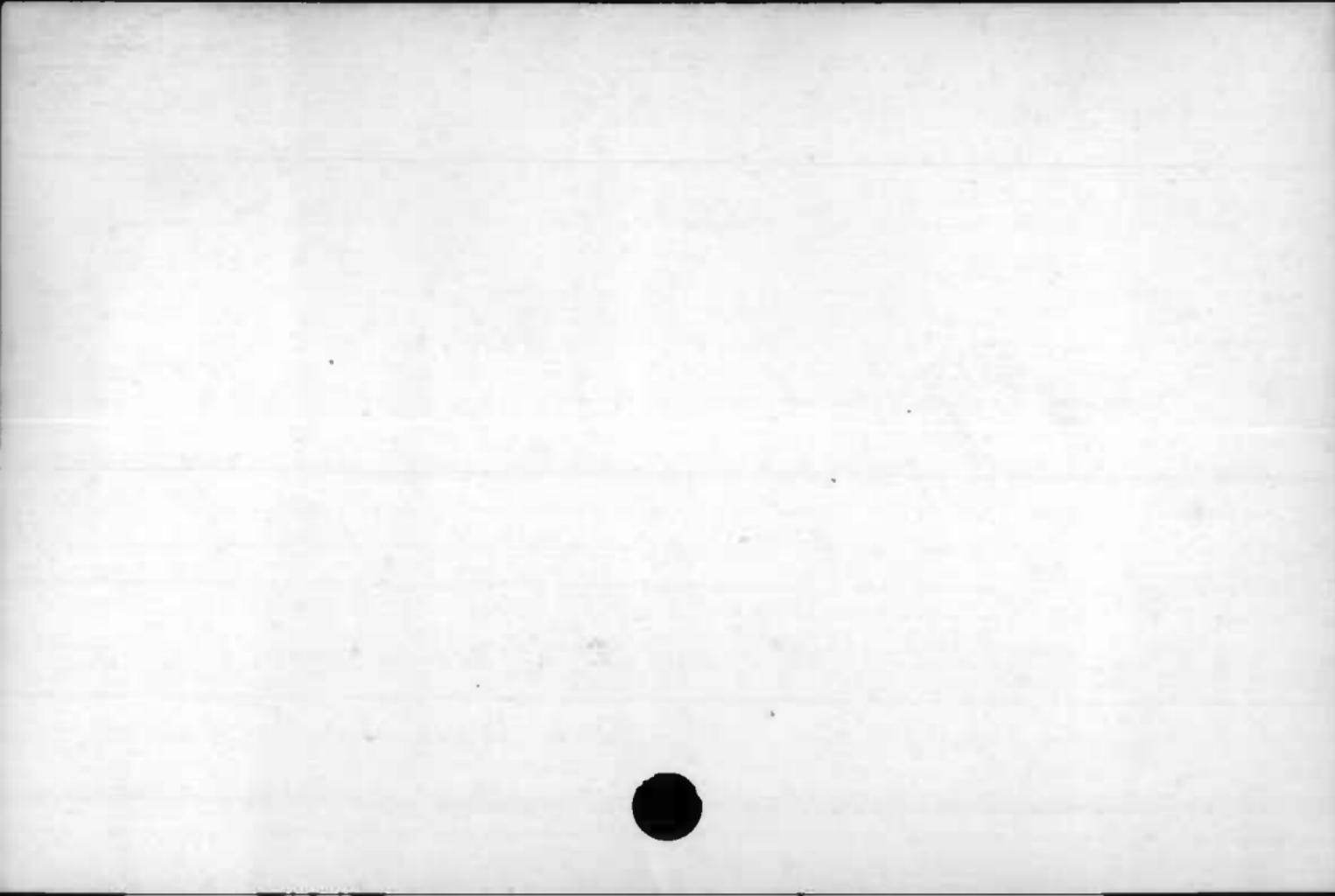
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Geo. Sinclair		Father's Birthplace			
Mother's Maiden Name	Mary Margaret Beall		Mother's Birthplace			
Name of person giving Information	Geo. Sinclair		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	J. T. Brown Silver Spring
Accident or Suicide?			



Katherine Smith

Died at Town County
Foundlings Hosp. Bethesda Mort. Co. MARYLANDDied at Town County
Foundlings Hosp. Bethesda Mort. Co. MARYLANDDate 1905 Month Day Y. M. D. Native of Occupation
July 30 0 2 16 D.C.Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death Primary

Marasmus

Death Immediate

Ex houston

X51

How long sick
whole life

Accident, Suicide, Homicide

Reported by

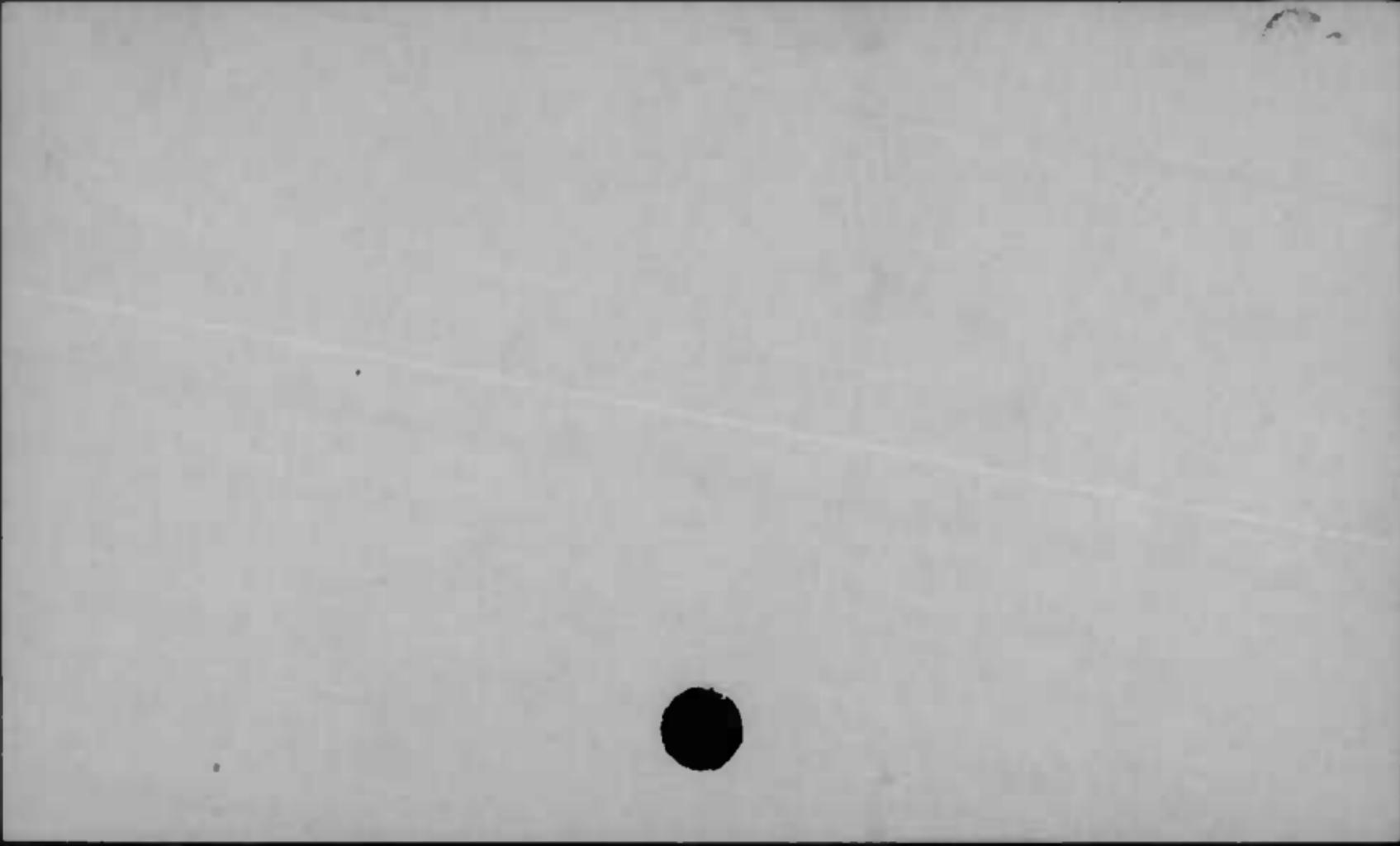
Grace M.D.

Address

Foundlings Hosp.

Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ernie Pearl Smith

Town

County

Died at Browningsville Mont

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
19 1955	7	14	9	—	—	U. S.	—
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower	Number of children living		

Husband of —

Wife

Father's Name

Benj Smith Mother's
Maiden Name Tritlow

16

Cause of Primary Burns from explosion How long sick

Death Immediate of coal oil can in lighting face Incident, Suicide, Homicide

Reported by B. F. Lansdale M. D.

Address Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Violet Stone

Town

County

Foundlings Hosp Bethesda Mort. Co.

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1905

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Congenital Syphilis

How long sick

Immediate

Syphilis.

whole life

Death

Accident, Suicide, Homicide

Reported by

Address

St. Luke's Hosp Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. W. L. Lewis
Kensington,
Md. & Co. Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Ernesta Gally

Town

County

MARYLAND

Died at Newyde

July

Month

Day

Years

Months

Days

Date

of death

1905

Month

7

Day

5

Years

60

—

—

Age

60

Sex

Female

Color or
Race

negro

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Married, S. —
or Widowed

Name of Father or
Husband

Flemming Gally

Father's
Name

Lukow

Father's
Birthplace

Mother's
Maiden Name

Lukow

Mother's
Birthplace

Name of person giving
Information

Physician

How related
to deceased

CAUSES OF DEATH

Primary

Cancer uterus

How long

2 yrs.

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

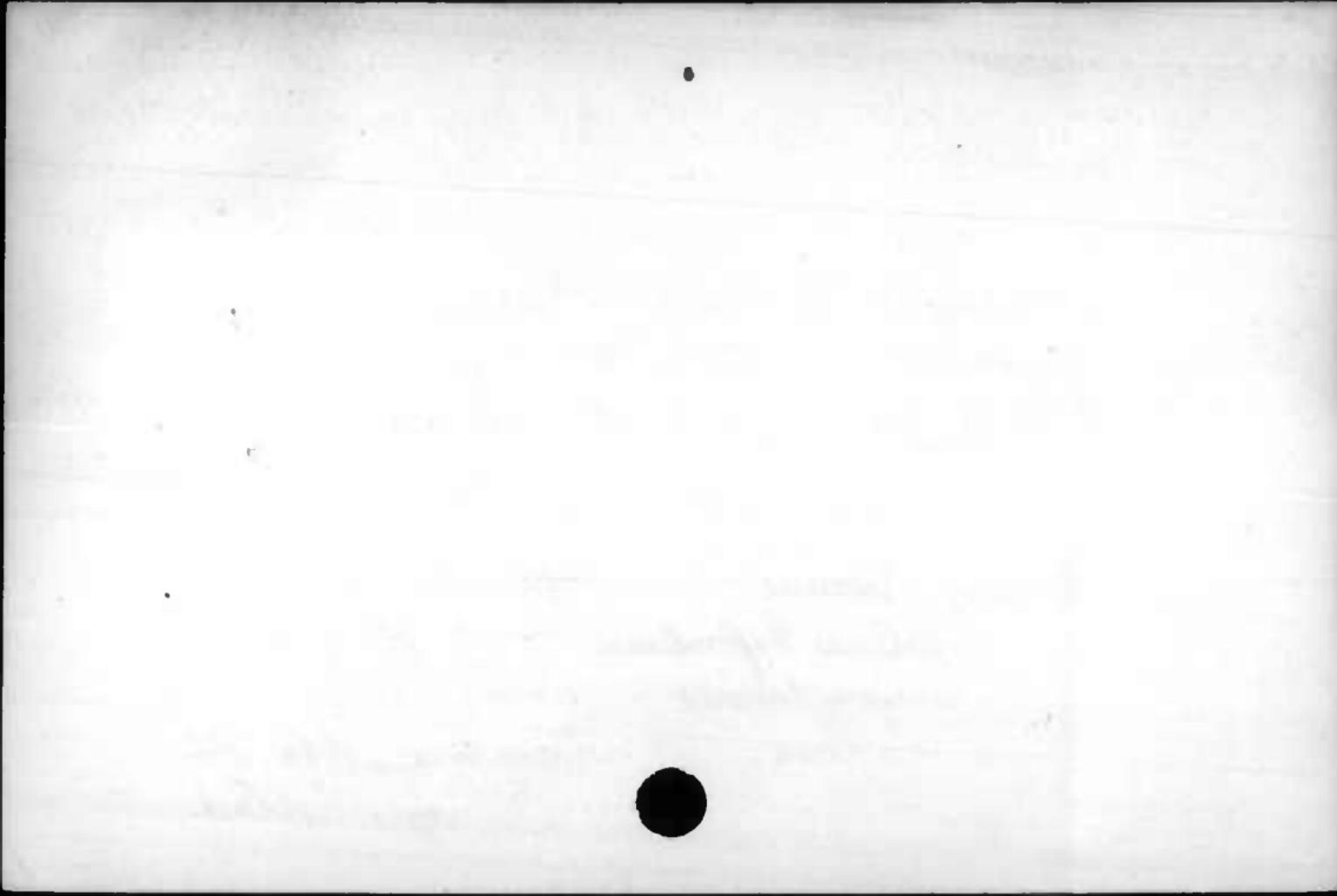
Signature of
Physician

A. D. Boasel M.D.

Address

Dawsonville Md.

Accident or Suicide?



Marshall Elmer Thomas

Town

County

Died at

Nowood

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	July	24	—	6	19	Marily Co. Md.	—
Male	White		Age	Married		Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband of _____

Wife

Father's Name

Henry Thomas

Mother's Name

Alcienda Thomas

Cause of Death	Primary	Clebera infantum	How long sick
	Immediate	Convulsions	About 3 weeks
			Accident, Suicide, Homicide

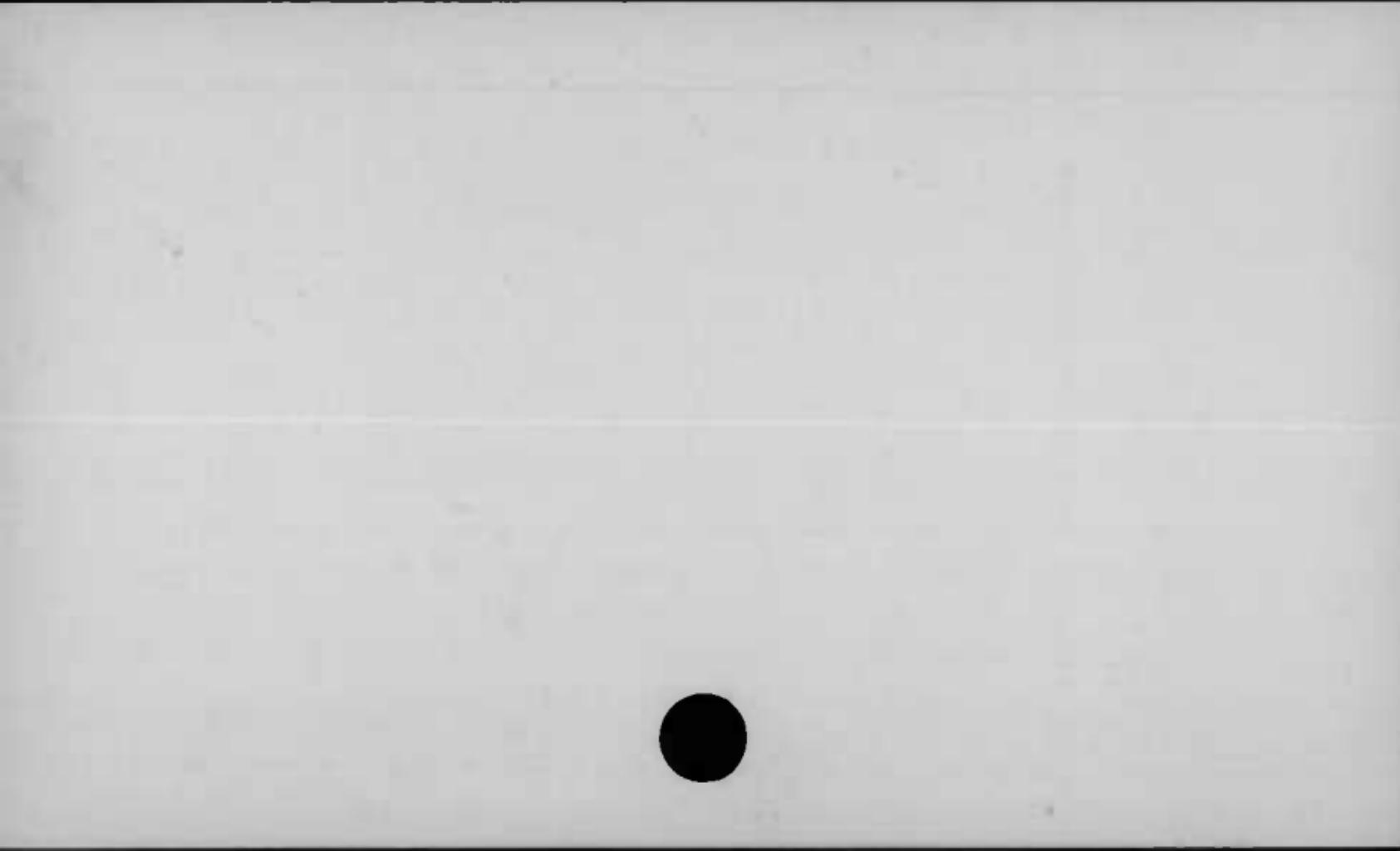
Reported by

Colas. Farquhar. M. D.

Address

Oley, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willis Lowson Alexander Thorn
 Town County
 at Deep Oakdale Maryland

Died at ~~Deep Oakdale~~ Maryland MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	7	18	-	2	17	Watertown	
Male	White		Age	Married		Widow	Divorced
Female	Colored			Single		Widower	Number of children living

Husband
of

Wife

Father's
Name

Asac Thorn

Mother's
Name

Susanna Thorn

Cause of

Primary

cholera infantorum

How long sick

3 weeks

Death

Immediate

Culcolysis

Accident, Suicide, Homicide

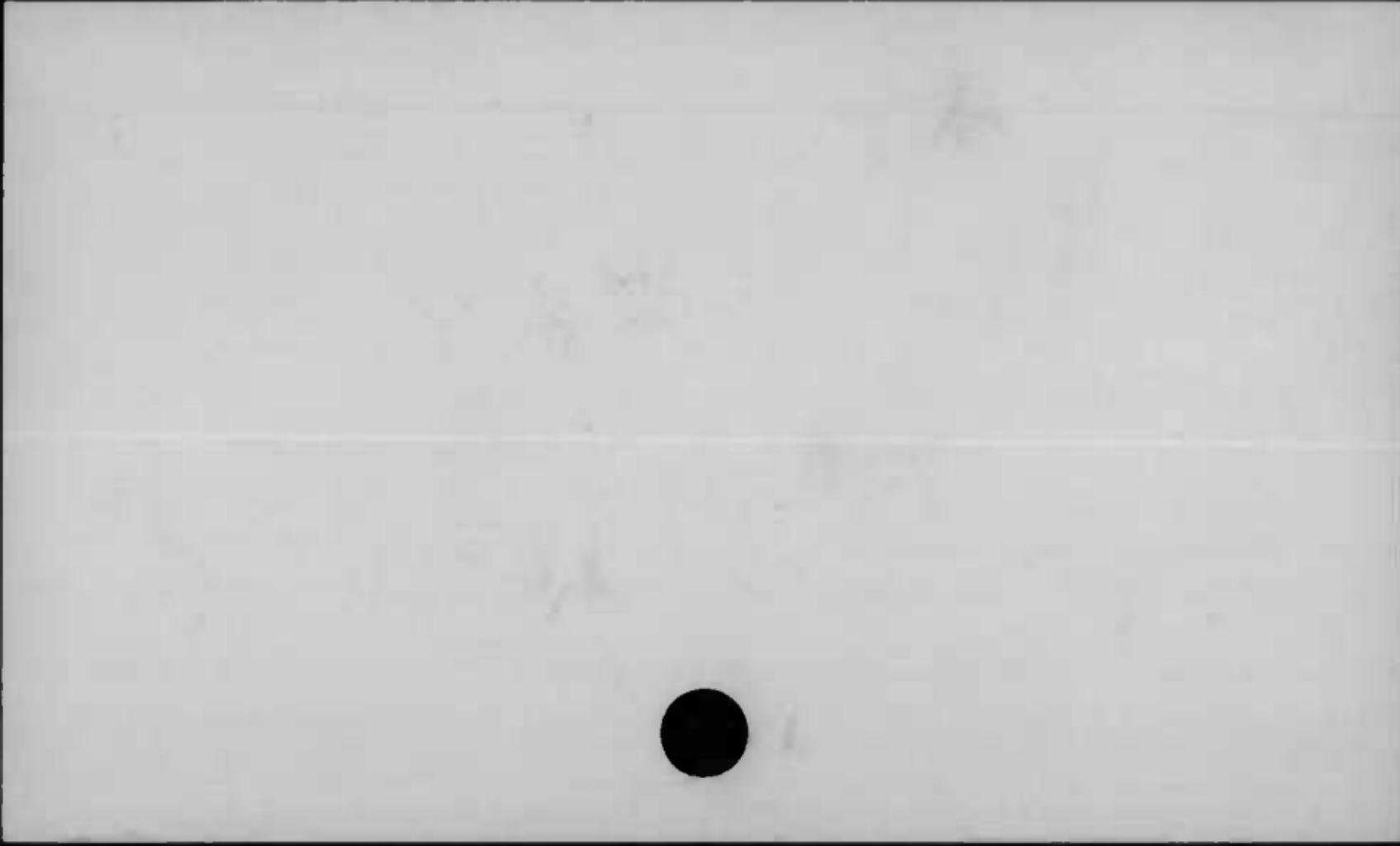
Reported by

Roger Brewster

Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Harriet L. Waller

CERTIFICATE OF DEATH

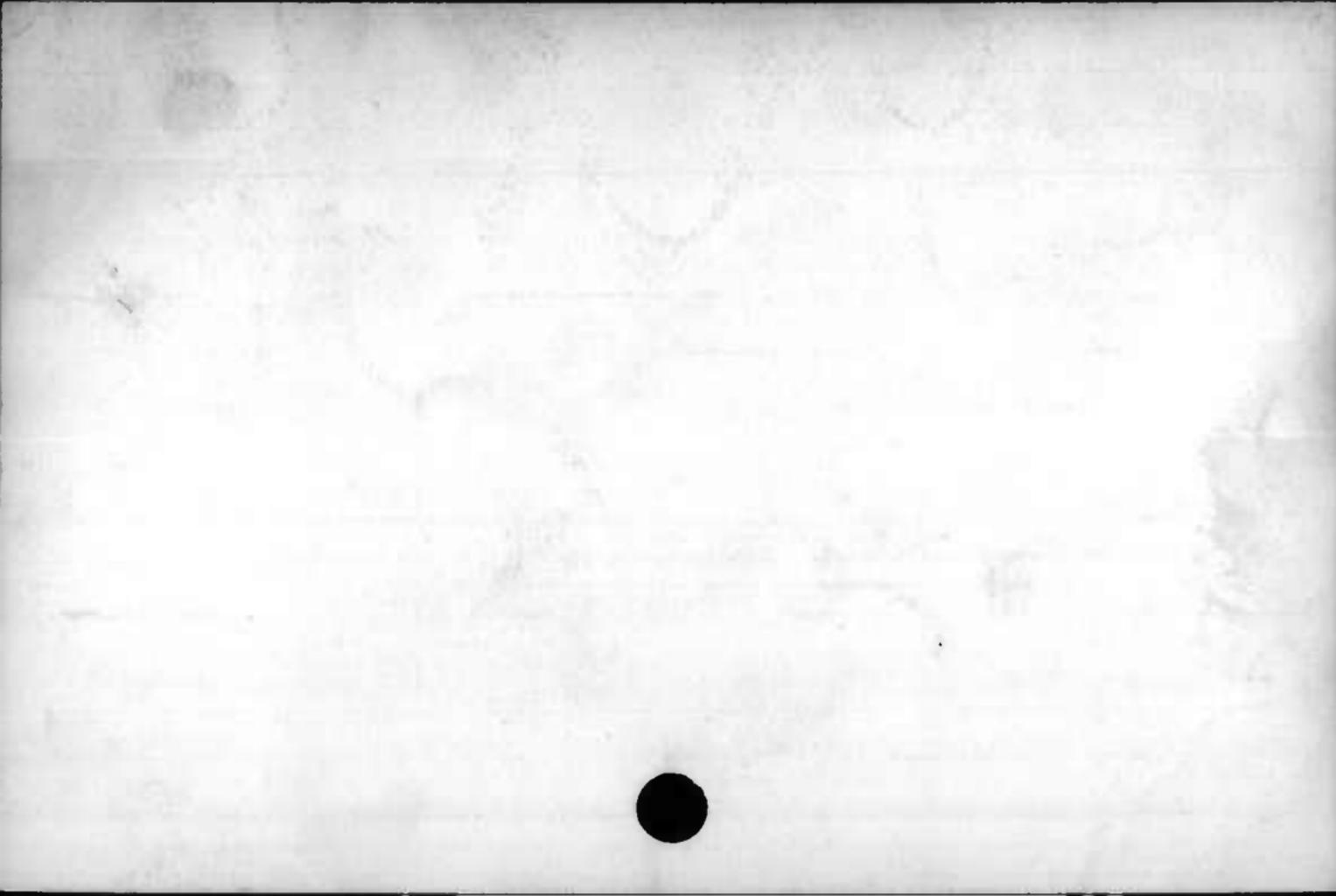
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month July	Day 16	Years 61	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Virginia		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Virginia		
Father's Name	John Reed			Mother's Birthplace	Virginia		
Mother's Maiden Name				How related to deceased	Virginia		
Name of person giving Information	Undertaker						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long I have been
Immediate			How long told she was sick for 3 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	B.W. Waller	
	Address	Portlesview, Md	
Accident or Suicide?	✓		



Name
in
Full

Mrs. Charlotte Lucindia Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month July	Day 10	Age 85	Years	Months 9	Days	
Sex F	Color or Race	Occupation					
Married, Single or Widowed							

Name of Wife or Husband	Giles W. Hicks	Father's Birthplace
Father's Name		Mother's Birthplace
Mother's Maiden Name	Heretta Fontaine	
Name of person giving Information	Darriet W. Davis	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	154	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	How long	
Yes	one month	
Signature of Physician	Alfred T Parsons.	
Address	Oxon Park, Md.	
Accident or Suicide?		

